

INFLUENCE OF POSITIVE BODY IMAGE INDICATORS ON ATTITUDES TOWARD COSMETIC SURGERY AMONG THAI WOMEN

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Abstract: This study investigated the impact of the positive body image indicators of body appreciation, satisfaction with life, perceived social support, and collective self-esteem on attitudes toward the acceptance of cosmetic surgery among Thai women residing in Bangkok.

A total of 201 female participants between the ages of 17 to 60 years ($M=28.27$ years) voluntarily filled in the study's survey instrument which included the *Acceptance of Cosmetic Surgery Scale*, *Body Acceptance Scale*, *Satisfaction with Life Scale*, *Multidimensional Scale of Perceived Social Support*, and *Collective Self-Esteem Scale*. Multiple regression analysis indicated that the factors of *body appreciation* and *satisfaction with life* were significant predictors of *acceptance of cosmetic surgery*. That is, the more satisfied the participants were with their lives, and the more appreciative they were of their bodies, the less accepting they were of cosmetic surgery. Both the factors of perceived social support and collective self-esteem were not found to be significant predictors of *acceptance of cosmetic surgery*. Overall, the study's findings suggest that in order for women to overcome body dissatisfaction, counselors should encourage and to educate women to focus on the protective factors of *body appreciation* and *life satisfaction* in order to increase their positive body image and by discouraging the use of the 'cosmetic surgery' option or other harmful strategies. Recommendations and avenues for future research were also discussed.

Keywords: Cosmetic Surgery, Body Image, Body Appreciation, Satisfaction with Life, Collective Self-Esteem, Perceived Social Support, Thailand

Introduction

"What is beautiful is good" is a saying coined by Dion and colleagues (1972) that reflects the popular stereotype of linking positive personal qualities and favorable life outcomes to physical attractiveness. Unfortunately, women, in particular, are faced with considerable pressure to look attractive and young as their bodies are always looked at, evaluated, and potentially objectified by their society (Frederick, Lever, & Peplau, 2006; Fredrickson & Roberts, 1997). These aspects cause women to feel estranged from their bodies, and as a result, practices of body alteration to conform to culturally defined standards of beauty have been found in many cultures (Grogan, 2007; Edmonds, 2008).

Cosmetic surgery refers to interventions intended to change, revise, or to improve appearance, color, structure, texture, or positions of certain features of the body for its own sake (Markey, 2004). According to the American Society for Aesthetic Plastic Surgery 2011 report, of the over nine million non-surgical and surgical procedures performed on American women, approximately 91% or 8.4 million involved cosmetic procedures (ASAPS Statistics, 2011).

In Thailand, which is ranked 20th among 25 countries with the highest total number of cosmetic procedures in 2011, the demand for cosmetic surgery has been skyrocketing, while the age of an individual who has undergone cosmetic procedures has been decreasing (ISAPS, 2011). More recently, according to the 2012 survey by Thai Health Promotion Foundation, one in three middle-high school students expressed their desire for cosmetic procedures such as rhinoplasty, skin laser treatment, eyelid surgery, and breast augmentation – procedures that are most in-demand (ASTV Manager.co.th, 2012). Kaw (1993) demonstrated that the body image represented by the dominant culture's racial ideology tends to be internalized by racial minorities, resulting in their desire to revise parts of their bodies to conform to the dominant racial group's physical features. This is in line with the increasing demand by Thai women to undergo cosmetic reconstruction on certain parts of their face so as to conform to the standards defined by Thai society as beautiful.

To accentuate pride over one's natural ethnic features, a review of related literature and empirical studies elicited some constructs deemed to be key components of positive body image, namely: body appreciation, satisfaction with life, perceived social support, and collective self-esteem.

Body appreciation centers on the acceptance of, respect for, and protectiveness over one's body by rejecting unrealistic ideal body images portrayed in the media (Wood-Barcalow, 2006). A recent study that examined the relationship between body appreciation and attitudes toward cosmetic surgery was conducted on a non-Western population and found that higher acceptance of cosmetic surgery was significantly correlated with low body appreciation (Swami, Campana et al., 2011).

Satisfaction with life in relation to cosmetic surgery was examined in a study by Muttiko (2001) which involved 83 Thai female subjects who claimed to be insusceptible to the cosmetic surgery trend. It was reported that the subjects viewed cosmetic procedures as an unnecessary and expensive solution for submissive people who confined themselves to an unrealistic ideal of beauty imposed by the Western entertainment industry. Being satisfied with their inherited facial features, they asserted that they have been living their lives happily with

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their own identity, without the need for medical or surgical manipulation (Muttiko, 2001).

Ardestani (2012) examined the motivations of cosmetic surgery candidates. The findings indicated that inducing a feeling of shame in one's physical attributes potentially increased an individual's interest in cosmetic surgery, whereas inducing a feeling of pride decreased a person's interest. As feelings of pride and shame are self-conscious emotions that are created and induced in a person via social interaction with others, *perceived social support* can reduce one's sense of being flawed (Wimmer, 2012). Within the Thai context, Thai culture places heavy emphasis on family interconnectedness; thus, support from family may impact on how Thai women view cosmetic surgery.

Collective self-esteem refers to the evaluation of value or worthiness of social groups of which one is a member, such as ethnic, racial, or religious groups (Crocker & Major, 1989). In Thailand, where cultural values are associated with collectivism (Rojanapanich, 2010), self-worth regarding race and social influence may affect an individual's attitude towards cosmetic surgery.

Objectives

In many previous studies, attention was focused mainly on risk factors such as demographic, psychosocial, and individual difference variables associated with high preference for cosmetic surgery. There is limited research on the role and impact of positive psychology with regard to the attitude towards cosmetic surgery; even rarer are related studies within the Thai context, considering that Thailand is fast becoming an international hub for cosmetic surgery.

The primary purpose of the current study was to examine the relationship between positive body image indicators and attitudes towards cosmetic surgery among Thai women. This study extended empirical work on body image literature by examining the impact of body appreciation, satisfaction with life, perceived social support, and collective self-esteem as indicators of positive body image on attitudes toward the acceptability of cosmetic surgery. Thus, this study focused on the reasons and motives underlying the decision-making process of Thai women to seek or to reject cosmetic surgery.

Method

Participants

The sample consisted of 201 Thai female participants between the ages of 17 to 60 years ($M=28.27$ years), who resided in the Bangkok metropolitan area. Of the sample, 29 participants (14.5%) reported that they had previous experience with cosmetic surgery while 171 (85.5%) reported that they had not.

Material

The research instrument consisted of a survey questionnaire comprising six sections.

Section 1 consisted of a number of items written to tap the respondents' demographic characteristics of age, body weight, height, relationship status, education, occupation, and income. This section also asked whether or not the participants have had any previous experience with cosmetic surgery.

Section 2 consisted of the 15-item *Acceptance of Cosmetic Surgery Scale* (ACSS). Each item was to be rated on a 7-point Likert scale (1 = *Disagree a lot*, 7 = *Agree a lot*) with high scores indicating greater acceptance of cosmetic surgery. The scale evidenced high internal consistency with Cronbach's alphas ranging from .91 to .93 across several studies (Henderson-King & Henderson-King, 2005; Swami, Chamorro-Premuzic et al., 2009; Sperry et al., 2009; Swami, Campana et al., 2011).

Section 3 consisted of the *Body Appreciation Scale* (BAS) (Avalos et al., 2005) which is a 13-item scale developed to highlight the positive aspects of body image (a favorable opinion about acceptance and respect towards one's physical appearance despite its shape, weight or imperfection, attention towards the body's needs through healthy behaviors, and one's self-protection by rejecting media's body ideals). Each item was to be rated on a 5-point Likert scale (1 = *Never*, 5 = *Always*) with higher scores indicating greater body appreciation.

Section 4 consisted of the *Satisfaction with Life Scale* (SWLS) which is a 5-item instrument developed to assess subjective life satisfaction. Each item was to be rated on a 7-point Likert scale from 1 = *Strongly disagree* to 7 = *Strongly agree*, with higher scores indicating higher satisfaction with life (Diener et al., 1985). The SWLS showed good internal consistency with Cronbach's alpha of .87 and was reported to have high test-retest reliability over a two-month period with a correlation of .82 (Diener et al., 1985).

Section 5 consisted of the 16-item *Collective Self-Esteem Scale* (CSES) that assesses an individual's evaluation of self-esteem and self-worth, in relation to their social group and culture. Each item was to be rated on a 7-point Likert scale (1 = *Strongly disagree* to 7 = *Strongly agree*), with higher scores reflecting higher collective self-esteem (Luhtanen & Crocker, 1992). It was found that the CSES showed good internal consistency with Cronbach's alpha ranging from .71 to .86 (Luhtanen & Crocker, 1992; Filardo, Mandel, & Vartanian, 2011).

Section 6 consisted of the 12-item *Multidimensional Scale of Perceived Social Support* (MSPSS) developed to measure the level of subjective social support received from family, friends, and significant others. Each item was to be rated on a 7-point Likert scale (1 = *Strongly disagree*, 7 = *Strongly agree*) with higher scores indicating higher level of perceived social support. It was found that the MSPSS has good internal consistency with Cronbach's alpha ranging from .84 to .92 (Zimet et al., 1990).

Procedure

The participants were recruited through convenience sampling and snowballing methods in designated locations around Bangkok. Approximately 215 survey questionnaires were distributed with the assistance of student volunteers. The research assistants were informed about the administration procedures, including the necessity of obtaining informed consent from potential participants, assuring them of their anonymity and the confidentiality of their responses, as well as assuring the participants that they have the right to withdraw from filling in the study's questionnaire at any time.

Results

The following Table 1 presents the means and standard deviations for the five computed factors of acceptance of cosmetic surgery, body appreciation, and satisfaction with life, collective self-esteem, and social support.

Table 1: Means and Standard Deviations for The Computed Factors of Acceptance of Cosmetic Surgery, Body Appreciation, Satisfaction with Life, Collective Self-Esteem, and Social Support

	<u>Mean</u>	<u>SD</u>
Acceptance of cosmetic surgery	4.31	1.33
Body appreciation	3.65	0.68
Satisfaction with life	4.12	1.07
Collective self-esteem	4.73	0.74
Social support	5.62	0.81

As can be seen from Table 1, all five factors of acceptance of cosmetic surgery, body appreciation, satisfaction with life, collective self-esteem, and social support were rated above the mid-point on their respective scales by the participants. Thus, overall, the participants were in support of cosmetic surgery, were satisfied with their lives, appreciated their bodies, hold their social groups in high esteem, and believed that they have strong social support from friends and family members.

What is the impact of the positive body image indicators of body appreciation, satisfaction with life, perceived social support, and collective self-esteem on attitudes toward the acceptance of cosmetic surgery among Thai women residing in Bangkok?

In order to answer the above question, hierarchical regression analysis was conducted. Hierarchical regression analysis is a prediction technique that allows the entry of sets of predictor variables in a step-wise fashion. For the present study, it can be assumed that the participants' demographic characteristics (e.g., age, weight, height, educational status, income) may exert joint influences on the participants' attitudes toward the acceptance of cosmetic surgery. For example, older females with sufficient income, when compared to their younger counterparts, may be motivated to undergo cosmetic surgery in order to look younger. To the extent that this assumption is true, then these demographic

characteristics may confound the influences of the psychological variables of satisfaction with life, body appreciation, collective self-esteem, and social support in predicting the criterion variable of 'acceptance of cosmetic surgery.' Hierarchical regression analysis allows the researcher to enter the set of demographic variables as a first 'block' in order to identify as well as to rule out the 'nuisance' variance contributed by these variables. The researcher then enters the crucial psychological predictor variables (satisfaction with life, body appreciation, collective self-esteem, social support) in the second 'block' in order to assess their independent/unique contribution in accounting for additional amount of variance of the criterion variable of acceptance of cosmetic surgery, *above and beyond* what has already been accounted for by the set of demographic variables. The results of analysis are presented in Figure 1.

(See Figure 1 on the next page)

The results showed that, of the four psychological predictors, 'body appreciation' and 'satisfaction with life' were found to be significantly and negatively associated with the participants' acceptance of cosmetic surgery. Thus, the more the female participants perceived that they were satisfied with their lives, and the more they appreciated their bodies, the lower were their acceptance of cosmetic surgery (Beta = -.22 and Beta = -.42 respectively). Their perception of their collective self-esteem and the level of perceived social support from friends and family members were not found to be significantly related to their acceptance of cosmetic surgery ($p > .05$).

Figure 1 also shows the standardized residual for the criterion variable of acceptance of cosmetic surgery. This coefficient provides an estimate of the proportion of variance in the dependent variable not predicted by the model (residual: approximately 58% of the variance is unexplained).

Discussion

This study's findings demonstrated that, overall, the female participants were accepting of cosmetic surgery. This finding is in line with the Objectification theory which hypothesizes that women typically internalize and acculturate an observer's perspective as a primary view of their own physical selves (Fredrickson & Roberts, 1997). For Thai women, the motivation to be physically attractive appears to stem primarily from interpersonal factors such as societal pressure to meet an idealized standard of beauty – a standard that reinforces the notion that 'to be beautiful is to be successful.' This suggestion is consistent with Saisangjan's (2010) observation that facial beauty is not only an important component of the Thai cultural idealized standard of beauty, but is also an important characteristic that dictates how a woman's behavior is judged. In Thailand, available statistics

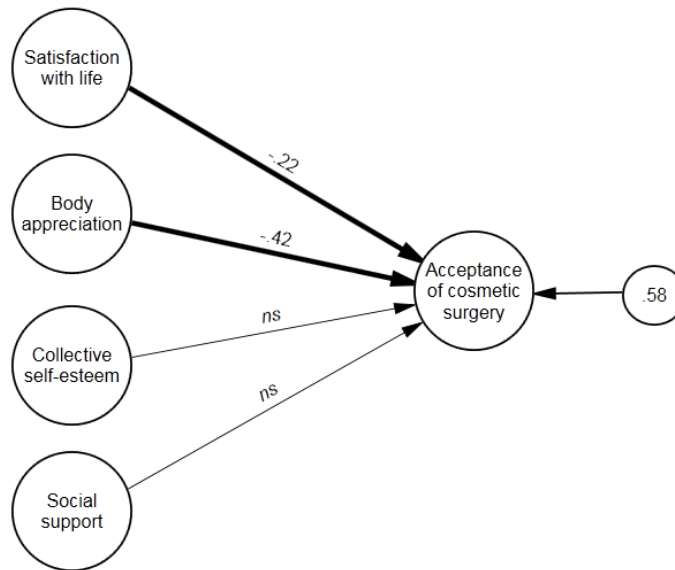


Figure 1: Regression Model of Participants' Acceptance of Cosmetic Surgery as A Function Their Perceived Satisfaction with Life, Body Appreciation, Collective Self-Esteem, and Social Support

clearly show that the most popular and common cosmetic procedures performed on Thai women are on their eyes, nose, and breasts (Jinchang, 2010; Muttiko, 2002). From this, it can be surmised that the high interest in accepting cosmetic surgery among Thai women in Bangkok stems mainly from the desire to alter these aforementioned specific parts of their body.

This study's findings demonstrated that, overall, the participants scored above the mid-point on body appreciation and satisfaction with life variables, indicating that, by and large, they have a positive regard for their bodies, were content with or accepting of their life circumstances, and felt that their lives were fulfilled. According to Wood-Barcalow (2006), women with a positive body image tend to endorse a realistic appraisal of the self. Although they identify certain imperfections and insecurities with some physical characteristics, some women can look beyond these imperfections and embrace a positive body evaluation. This view is reflected in the finding of a significant negative relationship between appreciation of one's body and acceptability of cosmetic surgery. Thus, for the study's participants, the more positive regard they have for their bodies, the lower is their interest in cosmetic surgery as a means of altering their appearance. This finding corroborates that of Swami, Campana and colleagues (2011) which showed that higher acceptance of cosmetic surgery by their non-Western sample was significantly correlated with lower body appreciation. Thus, it appears that having a positive body-image, that is, appreciation of one's body, is a crucial factor in influencing these women's rejection of what they perceived as unnecessary cosmetic procedures.

Of particular importance is the finding from the study's regression analysis that satisfaction with life significantly predicted the women's lower acceptance of cosmetic surgery. This finding supports the present

study's hypothesis and lends further support to Muttiko's (2001) finding that for Thai women who are satisfied with their lives, overall, and being content with their own identity, cosmetic surgery is considered unnecessary and an expensive route to achieving an unrealistic ideal of beauty imposed by others.

The study's findings demonstrated that while the participants reported high collective self-esteem (positive regard for the social groups to which they belong) and high level of perceived support from family and friends, the results from the regression analysis indicated that these two variables did not significantly predict level of acceptability of cosmetic surgery. For Thai women, acceptance of cosmetic surgery might possibly be grounded in other types of self-esteem related to more intrapersonal aspects than to collective considerations. Nonetheless, Thailand is a collectivistic-oriented culture and it is important to note that higher collectivist orientation is associated with higher levels of social influence to create harmony and avoid conflict (Kongsompong, Green, & Patterson 2009; Konrath, 2012). High collective self-esteem may reflect the process of internalization of social conformity to the social trend of having cosmetic surgery as a means of self-improvement (White & Lehman, 2005).

Social support is highlighted within the Thai family context (Rojanapanich, 2010). However, high levels of perceived and received social support do not necessarily mean that the support is provided effectively or that it is provided and responded to in times of need. Paradoxically, social support that is unwanted or that which conflicts with the needs of the recipient may threaten perceptions of autonomy, lead to overdependence, or pose the risk of losing one's sense of identity and self-concept (Croezen et al., 2012). As such, perceived social support may not

be sufficient in predicting women's attitudes toward cosmetic surgery.

The findings of this study carry a number of important implications for lowering the motivation to engage in cosmetic surgery. First, health practitioners and counselors should develop and implement personalized interventions and strategies with a focus on those factors that lead to enhancement of body appreciation and life satisfaction. Workable interventions and strategies should also be designed to include a collaborative approach involving cognitive therapy techniques aimed at strengthening the resistance to gravitate towards cosmetic surgery.

Second, although perceived social support was not found to be a significant predictor of acceptance of cosmetic surgery, the finding shed light on the need for counselors working with women with body dissatisfaction to explore deeper into the types and efficacy levels of social support. In addition, intervention programs aimed at diminishing body dissatisfaction should emphasize the prevention of social conformity and upward social comparison which could possibly lead to media internalization and acceptance of cosmetic surgery.

Similar to any exploratory research, there is a need for further replication of this study to validate as well as to ensure the reliability of the study's findings with a view to bridging the knowledge gap and adding to the body of literature on body-image and acceptability of cosmetic surgery. For example, future research can examine how men might differ from women in their attitudes toward cosmetic surgery as well as their understanding of positive body-image. Also, future research could consider employing a qualitative design that engages in-depth interview that will allow researchers to explore more meaningful reasons as to why Thai women decide or not decide to have cosmetic surgery. This would assist in providing stronger evidence in capturing the variation of individuals' perceptions, cognitions, emotions, and behaviors associated with the domain of acceptability of cosmetic surgery in order to determine the influence of other positive body-image factors. Future research could also investigate other predictive factors of positive body-image that may influence attitudes toward cosmetic surgery by utilizing longitudinal designs and a heterogeneous population, in order to extend the study's findings to other females across Thailand

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